

## “FEE ADDRESS” INDICATION FORM

Address to:  
Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450  
- OR -  
Fax to: 571-273-6500

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the “Fee Address” under the provisions of 37 CFR 1.363 the address associated with the following customer number:

☒ Customer Number

00204



*Type Customer Number here*

*Place Customer Number  
Bar Code Label here*

**OR**

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s):

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/584,875

(check one)

☐ Applicant/Inventor

\_\_\_\_\_/Edwin V. Merkel/

Signature

☒ Attorney or Agent of Record 40,087  
(Reg. No.)

\_\_\_\_\_  
Edwin V. Merkel

Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

\_\_\_\_\_  
(585) 263-1128

Requester's telephone number

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

\_\_\_\_\_  
August 25, 2009

Date

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.